

FILED

FEBRUARY 2, 2010

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

MJC

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

Jan 15, 2010
JAN 15 2010 *aw*

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Scottie Smith

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

10 C 0312

Judge Charles P. Kocoras

Magistrate Judge Nan R. Nolan

Thomas Dart

Dr. M. Khan

Cook County

Dr. Sims

John Doe Supervisor

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Jurisdiction is based upon 28 USC §§ 1343, 1331, and 1362!

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

*Additionally, Plaintiff relies upon this Court's Supplemental jurisdiction to
assert the Illinois state claims of Reckless and/or intentional infliction of physical
and emotional pain.*

I. Plaintiff(s):

- A. Name: Scottie Smith
- B. List all aliases: Billy Smith - Paul Smith
- C. Prisoner identification number: # 26690015138
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart
Title: Sheriff of Cook County
Place of Employment: Cook County
- B. Defendant: Dr. M. Khan
Title: Doctor
Place of Employment: Cook County
- C. Defendant: Cook County ~~Illinois~~
Title: Cook County ~~Illinois~~ Government of Illinois
Place of Employment: Cook County ~~Illinois~~

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: Dr. Sims

Title: Doctor

Place of Employment: cook county ~~Ill~~

E. Defendant: John Doe

Title: Supervision

Place of
of
Employment: cook county

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO ()

C. If your answer is YES:

1. What steps did you take?

~~I filed a grievance~~ I filed a grievance also, I appealed it.

2. What was the result?

stated I was referred to end optometrist for care.

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

yes, I appealed I was

D. If your answer is NO, explain why not:

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: NA
NA
- B. Approximate date of filing lawsuit: NA
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NA

- D. List all defendants: NA

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NA
- F. Name of judge to whom case was assigned: NA
- G. Basic claim made: NA

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): NA

- I. Approximate date of disposition: NA

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

- E. Is the grievance procedure now completed? YES ☒ NO ()
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES ☒ NO ()

G. If your answer is YES:

1. What steps did you take?

Filed a grievance

2. What was the result?

did nothing but pointed the
finger around

H. If your answer is NO, explain why not:

Statement of Claim:

STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED, INCLUDING NAMES, DATES, AND PLACES. DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. IF YOU TO INTEND TO ALLEGE A NUMBER OF RELATED CLAIMS, NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. (USE AS MUCH SPACE AS YOU NEED. ATTACH EXTRA SHEETS IF NECESSARY.)

Upon my arrival at Cook County March the 8th of 2009, I explained my situation to the medical staff (personnel) of Cook County Jail intake, that I have Glaucoma and they could clearly see I only have one eye, I explained to staff I need Timonol, Xalatan, except it wasn't until 59 days later I received my eye drops April 28th of 2009, after dropping numerous of medical slips/request slip one day after I received my eye drops I was called to see the optometrists + whom gave me a reading of 25 for my pressure and explained my optical nerves has been damaged. I just went finally to Stroger after the doctor here at Cook County couldn't contain my pressure the Doctor finally referred me to the outside Eye Specialist, After 8 months!

on November the 25th of 2009, I was sent to Stroger, Cook County I was seen by the Eye Specialist, she informed me my pressure in my eye and optical nerves has been Damaged badly

2. I was told outcast ~~Wojcik-00012~~ Document 16, Filed 03/03/10 Page 8 of 9, pen hole
of the eye, I need to have surgery and she said, she'll
be frank with me, after I asked her what are the chances
of me going blind. she stipulated its not good the "surgery"
with African American you have to think or worry about
bleeding etc... I think this is a clear case of Deliberate
indifference, I stressed out so much do to the bad news
I received, I may go blind do to the neglect
of the Cook County Jail for my late medication. This is
a serious medical need, even if I do when my suit I may
go blind do to the neglect of staff here at the Cook
County Jail. you can clearly see I only have one Eye and
you mean to tell me, I'm being held against my will
and can't get the proper medical attention I need, nor
get the Medicine on time, a person has to lose or get
sick in order for a person to be heard. Now my vision
is blurry and in subject to wear Eye glasses now do
to my sight has been impaired.
I'm dealing with mental emotions about going
blind, being handicapped not being able to do for myself but
I assume its apart of life these are the things you have to subject
yourself to when we put or trust in man. Once again
I think this case is a clear case of Deliberate indifference
do to the late medication, if he the Doctor in Carmack (Cook County)
couldn't contain my pressure he should have been sent me out
to Stoger or (Eye specialist) to be seen. I also don't have any peripheral
vision left, do to the damage of my optical nerve in my Eye do to not receiving
my medication. my sight "Priceless" I find myself down in suffering do to
we now knowing im going to go blind one day.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like ~~\$25,000~~ ~~\$25,000~~ ~~\$25,000~~
for compensatory damage \$25,000 dollars
Punitive damage \$25,000 dollars
Pain & suffering \$100,000
\$150,000 dollar

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

X Signed this 9 day of Dec, 2009

Scottie Smith

(Signature of plaintiff or plaintiffs)

Scottie Paul Smith

(Print name)

20090015138

(I.D. Number)

P.O. Box 089002

Chgo, IL 60608

(Address)